Express Mail No. **EV576489830US**

AMENDMENT UNDER 37 C.F.R. §1.111	Attorney Docket Confirmation No.	UCSF-088 CON2 4596
	First Named Inventor	R. Stern
	Application Number	10/622,283
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Filing Date	July 18, 2003
	Group Art Unit	1652
	Examiner Name	K.H. Gebreyesus
	Title	*Human plasma hyaluronidase*

Sir:

This amendment is responsive to the Office Action dated August 27, 2004, for which a three-month period for response was given, making this response due on or before November 27, 2004. *A Petition for a three-Month Extension of Time is submitted herewith, making this amendment due on or before February 27, 2005.* February 27, 2005 fell on a Sunday. This response is being filed on the first business day following February 27, 2005. Accordingly, this response is timely filed.

In view of the remarks put forth below, reconsideration and allowance are respectfully requested.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	33	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	33 minus 20=	* 13
INDEPENDENT CLAIMS	17 minus 3 =	* 14
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=	117	OR	X$18=	
X42=	588	OR	X84=	
+140=		OR	+280=	
TOTAL	1080	OR	TOTAL	

*If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 52	Minus	** 33	= 19
Independent	* 4	Minus	*** 17	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	475	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.